

Owners

26354 (05-94)
Issued 12-14-2010

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

UMBRELLA POLICY DECLARATIONS

Effective 12-12-2010

AGENCY WESTERN DAKOTA INSURORS
10-0005-00 ML MKT TERR 036 (605) 642-2624

POLICY NUMBER 48-654-973-02

INSURED DONALD LINDSAY
MARGARET LINDSAY

Company Use 77-20-SD-1012

ADDRESS 521 HARMON ST
STURGIS SD 57785-2400

Company Bill	POLICY TERM	
	12:01 a.m. 12-12-2010	12:01 a.m. 12-12-2011

FOR COMPANY/AGENCY USE ONLY

THE FOLLOWING ATTACHMENTS WERE ISSUED WITH THIS TRANSACTION

26029 (05-00)	26334 (11-92)	59154 (02-86)	26265 (03-86)	59325 (07-04)
26331 (09-91)	26043 (02-82)	26474 (09-02)	26348 (06-07)	

PREMIUM/COMMISSION RECAP
\$186.00 @ 15.0%

BILLING TYPE	COMPANY BILL - FULL PAY
BILLING ACCOUNT NUMBER	011956897
INSURED COPY MAILED TO	INSURED
TRAILBACK DATE	12-14-2010
TRAX NUMBER	01015 AGENT KEYED ENTRY

- a. may appeal at our own expense; and
- b. shall be liable for the costs, disbursements and interest involved.

Such action shall not increase our limit of liability except as stated in (a) and (b).

3. Other Insurance

If other insurance covering a loss also covered by this policy is available to the insured, the insurance afforded by this policy shall be excess of such other insurance. This does not apply with respect to insurance purchased to apply excess of this policy.

4. Underlying Insurance

If any underlying insurance is exhausted by any occurrence, we will assume charge of the settlement or defense of any claim against the insured resulting from the same occurrence.

5. Maintenance of Underlying Insurance

You must keep each policy described in Schedule A in full effect during the term of this policy. This does not apply with respect to any reduction of aggregate limits due to payment of claims. If you fail to do so, we shall be liable only to the extent we would have been liable had you complied.

When you receive notice that any aggregate limit has been exhausted, you must immediately make all reasonable efforts to reinstate such limits.

You must give us written notice as soon as practicable of:

- (a) any change in the scope of coverage;
- (b) any change in the limits of liability;
- (c) the termination of any coverage; or
- (d) the exhaustion of aggregate limits;

of any policy listed in Schedule A.

6. Notice of Occurrence, Claim or Suit

When an occurrence likely to involve us takes place, the insured shall notify us or our agent as soon as practicable.

The notice must give:

- (a) your name and policy number;
- (b) the time, place and circumstances of the occurrence; and
- (c) the names and addresses of injured persons and witnesses.

If claim is made or suit is brought, we must be advised promptly. All papers in connection with claims or suits must be sent to us without delay.

7. Assistance and Cooperation

Except as provided in Defense - Settlement Coverage and Underlying Insurance above, we shall not be called upon to assume defense or settlement of any claim or suit. However, we shall have the right and opportunity to associate with the insured in the handling of any claim or suit likely to involve us. In such event there shall be full cooperation between the insured and us.

8. Suit Against Us

We may not be sued unless there is full compliance with all the terms of this policy.

We may not be sued under the Personal Liability Coverage until the obligation of an insured to pay is finally determined either by judgment against the person after actual trial or by written agreement of the person, the claimant and us.

No one shall have any right to make us a party to a suit to determine the liability of an insured.

9. Bankruptcy

We are not relieved of any obligation under this policy because of the bankruptcy or insolvency of any insured.

10. Our Right To Recover Payment

After making payment under this policy, we will have the right to recover to the extent of our payment from anyone held responsible. The in-

sured will do whatever is required to transfer this right to us.

11. Changes

This policy contains all the agreements between you and us or any of our agents relating to this insurance. The terms of this policy may not be changed except by endorsement issued by us.

12. Assignment

No interest in this policy may be assigned without our written consent. But, if you should die within the policy period, the policy will cover your legal representative.

13. Cancellation

You may cancel this policy by returning it to us or by giving us written notice of the future date you wish the cancellation to take effect. We may cancel this policy by mailing or delivering written notice to you at the address shown in the Declara-

tions giving the date cancellation is to be effective.

The date we use must be at least:

- a. 10 days from the date the notice is mailed or delivered if cancelled for nonpayment of premium.
- b. 30 days from the date the notice is mailed or delivered if cancelled for reasons other than nonpayment of premium.

Proof of mailing notice will be proof of notice.

Refund of any premium due will be made as soon as practicable after the date of cancellation. You will be charged premium only for the days you were covered during the policy period.

If the law of your state requires any longer notice period or any special form or procedure for giving notice, we will comply with those requirements.